



MEDICAID AND SCHOOLS COORDINATORS MEETING

October 28, 2021

<https://www.dmas.virginia.gov/for-providers/school-based-services/>

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Topics

- ORP
- Telemedicine
- Audits

Review of ORP key processes

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DMAS enrollment – key requirements

The individual ORP¹ provider must:

- Maintain license
- Secure an NPI² through CMS' NPPES NPI registry
- Enroll with DMAS as an ORP provider type
- Keep contact information up-to-date with DMAS

1ORP=ordering, referring or prescribing provider

2NPI=National Provider Identifier

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DMAS enrollment revalidation

- Revalidation of enrollment requirements is completed every five years
- DMAS will email the provider to alert them that their revalidation is coming due
- Provider will receive an “alert” via email
- Provider will update information as needed in the system.
- The must have portal access to do this.

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DMAS highly recommends

The individual ORP provider:

- Register with the Virginia Medicaid on-line portal
- Enroll with DMAS using the portal
- Maintain portal account
- Read emails from portal

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Medicaid portal access is critical

By maintaining their access to the portal, providers will be assured of receiving important updates about their enrollment (e.g., revalidation information)

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Key contacts

Enrollment Provider Services

For assistance with the enrollment process

(804) 270-5105 or (888) 829-5373

Web Systems Support

For assistance with using the portal

(866) 352-0496

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EDI email has changed

Virginia.EDISupport@conduent.com

Telemedicine billing

Billing an originating site fee

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The originating site

- The “originating site” is the site where the student is located at the time of the service (e.g., student’s home, hospital, school)
- DMAS does not place limits on where the student is located at the time of the services delivered via telehealth
- If the student is at a school that is enrolled with Medicaid and participating in cost settlement at the time of service, that school may bill DMAS an “originating site fee”

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Billing the originating site fee

Because school divisions are paid based on random moment time study procedures, there must be a paid staff person with the student in the room while the telemedicine visit takes place in order to bill for the originating site fee.

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Billing the originating site fee

- The school division must use the code Q3014 for billing the originating site fee
- There must be an NPI of a referring provider on the claim when billing for this fee
- Documentation of the service (supervising the telemedicine encounter at the school site) must be maintained in the student's service record

Billing for a service when delivered via telemedicine

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Billing for a service delivered via telemedicine

- PT, OT, SLP, psychology/mental health services and medical services may be billed when provided via telemedicine
- DMAS does not require that a staff person be present with the student during the visit in order to bill for the PT, OT, SLP or psychology/mental health service

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Billing for a service delivered via telemedicine

- Add the modifier “GT” to the CPT code for the particular service
- Use the “place of service” code “03” (school setting)
 - Do **NOT** use “02” (telehealth)
 - Use the setting where the service would be provided if being provided in person

***NEW** Reference DMAS Physician/Practitioner Manual,
Telehealth Supplement for more information.*

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COVID and telehealth flexibilities

- DMAS is allowing services to be delivered through audio-only devices during the period of the Federal COVID Emergency period (through January 16, 2022).
- DMAS is waiving the requirement to obtain informed consent* for services delivered via telemedicine during this period, too.

*Consent may be obtained verbally, electronically or in writing.

Tips for managing a Medicaid audit

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Different types of Medicaid audits

Examples:

- Payment procedures
- Quality of services
- Safety of environment

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Medicaid audits completed by different entities

Examples:

- Federal government
 - CMS (Centers for Medicaid and Medicare Services)
 - Office of Inspector General (OIG)
- State (DMAS)
 - Program integrity
 - Quality

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Payment Error Rate Management Audits (PERM)

- CMS requires regular audits of DMAS programs and services
- The audits are looking at paid claims.
 - Did the provider follow the rules when it submitted a claim for services?
 - Did DMAS follow federal and state rules when it paid the claim?

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Payment Error Rate Measurement Audits (PERM)

This is an audit of DMAS

It's measuring improper payments

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Payment Error Rate Management Audits (PERM)

- CMS requires regular audits of DMAS' paid claims
- The audits are looking at paid claims and making sure that the following types of things are in order:
 - Services are provided by enrolled providers
 - Services are referred by providers that have been screened
 - There's documentation to support that the service was medically needed and provided appropriately
 - The correct rate was paid

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Payment Error Rate Management Audits (PERM)

- CMS PERM auditors select random sample of claims representing the array of covered services
- The auditors may look at a wide variety of things but typically, for the school records:
 - Is there an IEP with the service listed?
 - Evaluations and plans of care – are they signed?
 - Progress notes for the dates of services that were billed

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Payment Error Rate Management Audits (PERM)

- Also:
 - Is there an ordering, referring or prescribing provide NPI on the claim for the service?
 - Was the ORP provider enrolled at the time of service?
 - Was the ORP provider enrolled at the time the claim was processed?

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Audit readiness

- Make sure that the following are in the medical record for on-going services, and that each is signed and dated by a licensed provider:
 - Evaluation
 - Plan of care (for rehab therapies, nursing services in particular)
 - Progress notes or activity or log sheets
 - Discharge summaries

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Audit readiness

- Who is your key contact in case of an audit?
 - Who is the person that has access to the records?
 - Who is the person that can review and understand the record as a whole?
 - Who is the person that can assist with questions about a specific service?
- Is there a clinical person that can assist that person (if the person is not a clinical professional)?

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Audit readiness

- For those services requiring the NPI of a referring provider that is currently enrolled
 - The referring provider must be enrolled with DMAS at the time of referral AND at the time the services is provided.
- Do you have a process in place to maintain your active, current provider list?

Q&A